Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 17, 2017

Ms. Emma Gonsalves, Manager
Spring Village At Essex
6 Freeman Woods
Essex, VT 05451

Dear Ms. Gonsalves:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on March 8, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

APR 07 2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0653	A. BUILDING: _____ B. WING _____	C 03/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VILLAGE AT ESSEX	6 FREEMAN WOODS ESSEX, VT 05451

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 03/08/2017, along with a re-licensure survey. The findings identified are detailed below:	R100	all items accepted 4/17/17 K.C	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that the plan of care based described care and services necessary to maintain independence and well-being for 1 of 6 residents sampled (Resident #1). Findings include: Per record review, Resident #1 had a history of making suicidal statements since admission to the home. Per the progress notes, Resident # 1 was making suicidal ideation statements to staff on 1/23/17 a couple of weeks after admission to the home. According to nursing notes, the resident was screened and did not have a plan to carry this out. The resident's physician was notified as well as family, and the resident put on 15 minute checks for safety. The family and the	R145		

APR 07 2017

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R145	Continued From page 1 MD were not concerned that this was a real threat since the resident had made statements to this effect in the past and was not serious. On 1/26/17, the resident stated that they thought "killing themselves would be a good idea". When screened by the nurse, the resident stated that they did not mean it, and just says that when sad about the situation they are in. Once again, the staff notified the MD and the family as appropriate, and once again the family and doctor said that the resident has a history of making these type of statements at times, with no intention to carry them out. Per review of the plan of care for this resident, there was no mention of this pattern of behavior. There was no directives to staff on how to address this when Resident #1 made self-harm statements, including appropriate interventions. Per interview on 3/9/17 at 2:15 PM, the Director of Nursing confirmed that the plan of care for this resident did not address the suicidal statements made by this resident, or appropriate interventions when they made such statements.	R145	R 145 PoC accepted 4/17/17 Karen Lampron RN	
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the	R167		

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R167	Continued From page 2 staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure there was a written plan for unlicensed staff to administer a PRN psychoactive medication for 1 of 6 residents sampled. (Resident #1). Findings include: Per record review, Resident #1 has an order for Lorazepam 0.5 mg. daily as needed for anxiety/agitation. There was no written plan for the use of this medication to indicate to unlicensed staff when it would be appropriate to administer this medication. On 3/9/17 at 1:50 PM, the Director of Nursing confirmed that there was no written plan in place as required.	R167	(attached POC) R167 POC accepted 4/17/17 Karen Campos RN	
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered: (2) All instances of refusal of medications, including the reason why and the actions taken by	R171		

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R171	Continued From page 3 the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that nursing was monitoring for side effects of psychoactive medications for 1 of 6 residents sampled (Resident #1). Findings include: Per record review, Resident #1 has an order for the antipsychotic medication Quetiapine 25 mg. daily at bedtime. There was no evidence that an assessment was completed to evaluate the possible development of abnormal involuntary movement disorder as a possible side effect of this medication. Per interview on 3/9/17 at 1:50 PM, the Director of Nursing confirmed that an assessment had not been completed by nursing to track the potential side effects of the use of Quetiapine.	R171	R171 attached POC accepted 4/17/17 Karen Campos RN	
R180 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of	R180		

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R180	Continued From page 4 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, staff training was not clearly documented for 3 of 5 employees reviewed. Findings include: Per review of training hours for the direct care staff, the documentation of some education was missing for 3 of 5 employees reviewed. The staff educator and Director of Nursing had a difficult time gathering documentation to show the mandated topics and hours were covered as required for three of the staff reviewed. The documentation was not organized in a manner that the home could show the staff had received appropriate training in all required areas, and the employee education files were kept in multiple locations, and the log of training and inservice did not show all the training provided. Per interview on 3/9/17 at 11:30 AM, the Director of Nursing and Staff Education coordinator confirmed that the documentation was kept in different files and not always recorded in a comprehensive manner to show all training provided.	R180	R180 we recognize that all training has not been properly documented for staff and that the information was not in a Central location. An Inservice / training binder has been created with all direct care staff's name + hire date. And all training will be documented Yearly. Dir. of Memory Care will go over mandated training with all new + current staff and document in Training book. Dir. Memory Care to oversee. + ~~de~~ hold staff accountable.	
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building	R302	R180 POC accepted 4/11/17 Kara Campo RN	

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R302	Continued From page 5	R302		

when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to ensure that fire drills were conducted involving the residents since the opening of the facility. Findings include:

Per record review, there was no log available to evaluate the fire drills conducted by the home since they opened in November. There had been some accidental alarm activations by residents, however these incidents were not recorded as fire drills with information on who participated, time of drill, or any other pertinent information. Although staff had been trained in fire safety procedures, the home had not conducted a drill that included actual evacuation of the residents since the home opened.

R302
attached POC
accepted 4/17/17
Karen Lampson RN

Spring Village at Essex
Specializing in Memory Care
A WoodBine Senior Living Community

APR 07 2017

March 31, 2107

Ms. Pamela M. Cota, RN
Licensing Chief
Vermont Agency of Human Services
Department of Disabilities, Agency and Independent Living
Division of Licensing and Protection
HC2 South, 280 State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota:

In response to the letter received dated March 23, 2017 regarding the Complaint Investigation and Re-licensing survey that was done on March 8, 2017, I respectfully submit our Plan of Correction for the items referenced:

R145SS=D 5.9c (2) (accepted - see F567 K.C.)

Completed on 3/31/2017

Suicidal ideation were added to this resident's care plan with clear goals, plan for action and expected outcom.

A behavior plan was created specific to this resident for our licensed and non- licensed staff to include the following:

- Steps to reduce anxiety/suicidal ideations;
- Interview/observation process for making sure this resident is able to express themselves;
- Directives for how the staff should address any statements made by the resident.
- The behavior plan will be located in the MAR for the nurses/med techs and in a behavior plan book for the care providers

A clear guideline has been documented for any PRN use of antianxiety/antipsychotic drug use.

Plan of action going forward is to have a plan of action for behavior management plans and PRN medication guidelines put in place for each current resident with a history of suicidal ideations.

A written policy for all of the above will be located in the Nursing Policy book located in the Wellness center on each unit.

The Director of Nurses will oversee this process, and all current residents care plans will be reviewed by April 15, 2017.

802-872-1700
6 Freeman Woods
Essex Junction, VT 05452
www.springvillageessex.com

R302SS=F

We recognize that there was a lack of documentation as required by the State of Vermont, to ensure that fire alarm drills are conducted every month covering all three (3) shifts for the remainder of the 2017 year. An evaluation and sign-off sheet has been created to capture each fire drill and those that participated in that drill. The evaluation and sign of sheet will be collected and filed in a Fire Drill notebook. A fire drill calendar has been created for the year and will also be included in the Fire Drill notebook. The Executive Director will oversee and hold the Maintenance Director accountable.

We recognize that the above items needed to be addressed and corrected. We hope that this satisfies the regulations and requirements as outlined in the Vermont Residential Care Home Licensing Regulations. Should you have any questions or need additional information, please feel free to contact me at (802) 872-1700.

Thank you.

Sincerely,

Emma M. Gonsalves
Executive Director

R302 accepted.
see 2567

EMG/emg

R167SS=D 5.10

A written behavior plan will be in place for any resident with the diagnosis of anxiety/ agitation. Included in this plan will be guidelines for reducing anxiety/agitation and clear steps to be taken prior to the last very step, after all others have been attempted, of a PRN antianxiety/agitation administration. Clear indication of use of this PRN medication will be on each plan along with the desired effects and potential side effects. These will be written specific to each resident and their specific behaviors. This will be located in the MAR for the nurses/med techs and the Behavior plan book for the care providers.

Reference to this behavior plan will be made on each current resident's care plan when they have the diagnosis of anxiety/agitation and for future admissions.

A written policy for the above will be located in the Nurses policy book located in the Wellness center in each unit.

The Director of Nursing will oversee this process with completion date for current residents April 15, 2017

R171SS=D

R 167 accepted see 2567

The names and positions of all staff, designated by the Director of Nurses, to administer medication will be located in the MAR on each unit.

All current licensed and non-licensed staff who have been designated to administer medications at this facility, will have an in-service with the Director of Nurses to review expectations of the scheduled medication administration. PRN medications administered will have date and time, indication for giving the prn medication and the effect. All incidents of medication errors will be documented. The written policy currently in place for medication errors will be reviewed during this in-service. Behavior management plans for each current resident with an order of a PRN antianxiety/antipsychotropic med will be reviewed during this in-service presentation.

For residents receiving psychoactive medications a record of monitoring side effects will be completed as recommended by our pharmacy/pharmacists, using the AIMS testing method if the side effect would be possible development of abnormal involuntary movement disorder. This will be done at intervals suggested by our pharmacist and noted on a policy in our Nursing policy book located in the Wellness Center located on each unit. Side effect of these meds will be located in the MAR for each resident currently on any applicable medication.

Going forward this plan will be implanted and followed for each admission.

This plan will be completed by April 30, 2017, and oversight by Director of Nursing.

accepted see 2567

R180 SS=E

We recognize that all training has not been properly documented for staff and that the information was not in a central location. An in-service/training binder has been created with all the direct care staff's names including date of hire. All training will be documented annually. The Director of Memory Care will go over the mandated training with all new hires and current staff and document that in the training book. The Director of Memory Care will oversee and hold staff accountable.

POC accepted (see 2567)